



# Louisiana State Board of Medical Examiners

## Background Check Fingerprinting Instructions

### **Option 1:** Mailing background check packet to LSBME for processing

This process can take 60-90 days. On occasion prints can be rejected. You will be notified immediately should this occur.

Contact any local police station, sheriff's office or private agency certified to take fingerprints. We recommend contacting in advance to check on availability of digital fingerprinting (as well as ink), hours of operation, costs (you will need 2 FBI cards). If digital fingerprints are taken, images MUST be transferred onto FBI cards. If agency does not supply FBI fingerprint cards, email [lsbmecbc@lsbme.la.gov](mailto:lsbmecbc@lsbme.la.gov) with your name and mailing address and a packet will be mailed to you.

#### **Packet mailed to LSBME must include**

- 2 completed FBI fingerprint cards:
  - Name, SS#, Date of Birth, Sex, Race, Height, Weight, Eyes, Hair, Place of Birth filled in.
  - Your signature must be on cards.
- Fee \$40.75 - forms of payment: **Money Order, Cashier's Check or Business Check ONLY** (made payable to DPSC). NO PERSONAL CHECKS.
- Louisiana State Police Form-Authorization Form (complete bottom of form)
- Applicant Processing Form-Disclosure Form (complete middle of form)
- Credential Checklist Form

#### **Mailing Address**

- LSBME, Attn: CBC, 630 Camp St, New Orleans, LA, 70130.

### **Option 2:** Going to Baton Rouge, Louisiana for fingerprinting

This option produces the fastest results.

Only Location:

Louisiana State Police Office

7919 Independence Blvd

Baton Rouge, LA, 70806

Hours of Operation for this service are 8 am-4:00 pm, Monday - Friday.

#### **Checklist**

At the police office, ask for digital fingerprinting with electronic submission.

- Processing fee: \$40.75
- Separate fee: \$10.00
- Forms of payment: **Credit Card, Money Order, Cashier's Check or Business Check payable to DPSC**
- Louisiana State Police-Authorization Form (complete bottom of form)
- Applicant Processing-Disclosure Form (complete middle of form)
- Automated Processing Form ((to be stamped by state police)

#### **Mail to LSBME**

- Automated Processing Form.

**Louisiana State Police  
Bureau of Criminal Identification and Information**

\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*  
\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\*

\*\*\*\*PLEASE PRINT\*\*\*\*


**Louisiana State Board of Medical Examiners**

**Kieshan Williams**

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

**630 Camp Street**



MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

**New Orleans**

**LA**

**70130**

**( 504 ) 568-1075**

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

**kwilliams@lsbme.la.gov**

AGENCY OR FACILITY E-MAIL ADDRESS

**Request For: (pick one only)**

- |   |  |
|---|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION      | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS          |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET              | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD               | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL     |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST   | <input type="checkbox"/> OMVI – CONTRACT PROCESS                   |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> INQUIRY/TRANSACTION                       |
| <input type="checkbox"/> CASA                                 | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG    |
| <input type="checkbox"/> COURT ORDER ADOPTION                 | <input type="checkbox"/> AGENT                                     |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE            | <input type="checkbox"/> PHARMACY BOARD                            |
| <input type="checkbox"/> DAYCARE                              | <input type="checkbox"/> POST SECONDARY EDUCATION                  |
| <input type="checkbox"/> DENTISTRY BOARD                      | <input type="checkbox"/> PRACTICAL NURSING                         |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION     | <input type="checkbox"/> PRIVATE ADOPTION                          |
| <input type="checkbox"/> DCFS CARETAKER                       | <input type="checkbox"/> PRIVATE INVESTIGATORS                     |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE                 | <input type="checkbox"/> PRIVATE SECURITY                          |
| <input type="checkbox"/> DCFS PERSONNEL                       | <input type="checkbox"/> PUBLIC HOUSING                            |
| <input type="checkbox"/> EMPLOYERS                            | <input type="checkbox"/> REGISTERED NURSING                        |
| <input type="checkbox"/> FIREFIGHTERS                         | <input type="checkbox"/> RELIGIOUS ACTIVISTS                       |
| <input type="checkbox"/> FIRE MARSHAL                         | <input type="checkbox"/> RIGHT TO REVIEW                           |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed)  | <input type="checkbox"/> SCHOOL                                    |
| <input type="checkbox"/> JUVENILE DETENTION CENTER            | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION     |
| <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS      | <input type="checkbox"/> TAXI DRIVERS                              |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD            | <input type="checkbox"/> TESS WINDOW TINT                          |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION             |
| <input checked="" type="checkbox"/> MEDICAL EXAMINERS         | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION            |
| <input type="checkbox"/> MENTAL HEALTH COUNSELORS             | <input type="checkbox"/> WORKING WITH CHILDREN                     |

APPLICANTS FULL NAME: \_\_\_\_\_

\*\*\*\*PRINT – USE INK\*\*\*\*

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID or DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

**DPSSP 6696**

Revised 08/15/2013

ATN and SID# FOR OFFICIAL USE ONLY

ATN# \_\_\_\_\_

SID# \_\_\_\_\_

APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)  
BATON ROUGE, LA 70896

LSPAPP3/R09.10

LA STATE BD OF MEDICAL EXAMINERS

AGENCY, BUSINESS OR INDIVIDUAL NAME

630 Camp Street

MAILING ADDRESS

New Orleans, LA 70130

CITY STATE ZIP CODE

**NOTICE:**

PLEASE PRINT OR TYPE INFORMATION,  
EXCLUDING ADMINISTRATORS OR  
AUTHORIZED PERSONS SIGNATURE  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED

NAME

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_  
RACE/SEX

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE  
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT AREQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

☐ RAPSHEET ATTACHED

☐ RESPONSE BELOW

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS  
CREDENTIAL CHECKLIST**

**CHECK LICENSE CATEGORY**

- |   |  |
|---|--|
| <input type="checkbox"/> Physician                      | <input type="checkbox"/> Clinical Lab Personnel            |
| <input type="checkbox"/> Physician Training Permit      | <input type="checkbox"/> Medical Psychologist              |
| <input type="checkbox"/> American Graduate              | <input type="checkbox"/> Midwifery                         |
| <input type="checkbox"/> International Graduate         | <input type="checkbox"/> Occupational Therapist/Assistant  |
| <input type="checkbox"/> Dispensing Physician           | <input type="checkbox"/> Physician Assistant               |
| <input type="checkbox"/> Telemedicine Permit            | <input type="checkbox"/> Perfusionist                      |
| <input type="checkbox"/> Acupuncturist                  | <input type="checkbox"/> Podiatrist                        |
| <input type="checkbox"/> Acupuncturist Assistant        | <input type="checkbox"/> Polysomnographic Technician       |
| <input type="checkbox"/> Acupuncture Detox Specialist   | <input type="checkbox"/> Polysomnographic Technologist     |
| <input type="checkbox"/> Athletic Trainer               | <input type="checkbox"/> Private Radiological Technologist |
| <input type="checkbox"/> Clinical Exercise Physiologist | <input type="checkbox"/> Respiratory Therapist             |

**✓ CHECKLIST**

- \_\_\_\_\_ 2 completed FBI fingerprint cards (on cardstock, not paper)
- \_\_\_\_\_ Did you fill in your Name, SS#, Date of Birth, Sex, Race, Height, Weight, Eyes, Hair, Place of Birth?
- \_\_\_\_\_ Did you sign the cards?
- \_\_\_\_\_ Processing fee: \$40.75 - **Money Order, Cashier's Check or Business Check ONLY** made payable to DPSC. NO PERSONAL CHECKS.
- \_\_\_\_\_ No personal checks!!!!
- \_\_\_\_\_ Form - Louisiana State Police - Authorization Form (bottom of form completed)
- \_\_\_\_\_ Form - Applicant Processing - Disclosure Form (middle of form completed)
- \_\_\_\_\_ Form - Credential Checklist - this form

Printed Name of Applicant: \_\_\_\_\_

Last

First

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Clearly Print Mailing Address:

\_\_\_\_\_

Street

\_\_\_\_\_

Apt

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip



## Louisiana State Board of Medical Examiners

### Automated Processing Form Baton Rouge, Louisiana ONLY

Complete this form **ONLY** if going to the state police office in Baton Rouge, Louisiana.

If you choose this option:

- Go to Louisiana State Police Office, 7919 Independence Blvd, Baton Rouge, LA 70806, Monday-Friday between the hours of 8:00 a.m. and 4:00 p.m. Monday-Friday, excluding state holidays.
- Request Automated Processing

Payments: Money Order, Cashier's Check or Business Check **ONLY** made payable to DPSC

- Processing fee of \$40.75
- Electronic transmission fee of \$10.00

Forms:

- Louisiana State Police Authorization Form (bottom completed)
- Applicant Processing-Disclosure Form (middle completed)
- Automated Processing Form (complete below)

Mailing:

- The state police will stamp this form and return to you.
- Mail to LSBME, 630 Camp Street, New Orleans, LA 70130

Name	
Street Address	
City, State, Zip	
SSN	
License Applied For	
Date of Birth	
Race	
Sex	
Height	
Weight	
Driver's License	# _____ State _____

**Must be stamped by  
Louisiana State Police**